



SKADDEN, ARPS, SLATE, MEAGHER & FLOM
Four Times Square
New York, NY 10036-6522

Telephone: (212) 735-3020
Facsimile: (917) 777-3020

Date: February 4, 2005

Applicant(s) : Lav et al.
Serial No. : 09/870,392 Examiner: Williams, Catherine Serke
Filed : May 30, 2001 Art Unit: 3763
Title : A Medical Apparatus For Use By A Patient For Medical
Self Treatment of Diabetes

AMENDMENT TRANSMITTAL
AND REQUEST FOR EXTENSION OF TIME

Mail Stop AMENDMENT
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that this paper is being deposited with the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1415, Alexandria, VA 22313-1450, on February 4, 2005.

Robert B. Smith

Reg. No. 28,538

Signature

February 4, 2005

Date

Transmitted herewith is an AMENDMENT in the above-identified application.

1. () No additional fee is required.

2. () The fee has been calculated as shown below:

<u>Claims remaining</u>	<u>Prior Paid Claims</u>	<u>Extra</u>	<u>Rate</u>	<u>Fee</u>
Total:	minus (at least 20) =	@	\$18	= \$
Independent	minus (at least 3) =	@	\$88	= \$
TOTAL ADDITIONAL FEE: \$ 0				

3. (X) An extension of time to respond to the PTO Communication dated October 4, 2004 is hereby requested. The required fee is indicated below:
- | | | |
|---------------------|-----|---------|
| Within first month: | (X) | \$110 |
| Within second month | () | \$430 |
| Within third month | () | \$980 |
| Within fourth month | () | \$1,530 |
4. () The Amendment includes an Information Disclosure Statement. Enclosed is Form PTO-1449 and copies of _____ reference(s).
5. (X) The Commissioner is hereby authorized to charge the amount of \$ 110.00 representing (a) additional claims fee (\$); (b) the extension fee (\$ 110); and (c) the fee for filing an Information Disclosure Statement (\$) to deposit account No. 19-2385. A copy of this sheet is enclosed for such purpose.
6. (X) In the event that an extension of time is required and applicant has inadvertently overlooked the need to request a petition and file the fee, the applicant hereby petitions for such extension of time. The Commissioner is authorized to charge the required fee to deposit account No. 19-2385. A copy of this sheet is enclosed for such purpose.
7. (X) The Commissioner is hereby authorized to charge payment of any additional fees required in connection with this application, and credit any overpayment, to deposit account No. 19-2385. A copy of this sheet is enclosed.

Skadden, Arps, Slate, Meagher & Flom

By Robert B. Smith
 Robert B. Smith
 Registration No. 28,538
 Attorneys for Applicant(s)
 (212) 735-3020